



**TOWN OF ACTON  
RECREATION DEPARTMENT**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 264-9608  
Fax (978) 264-9630  
www.acton-ma.gov  
**2006 APPLICATION FOR USE  
OF RECREATION FACILITIES**

**Complete Sections I & II only.** File application with the Acton Recreation Department at least TWO WEEKS prior to the date desired. Adult and Youth Organizations must provide a current Certificate of Liability Insurance and sign the Acton Recreation Field Use Permit and Weather Policy (available on-line or at the Rec. Dept.) for a Permit to be granted. Uncompleted applications will be returned. Please allow up to two weeks for your application to be processed. Upon approval of application, payment is due to secure your facilities rental and permit will be issued.

**Section I**

Application Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization:    Resident    Non- Resident    Number of Participants: \_\_\_\_\_

Describe Activity: \_\_\_\_\_

**Section II**

**FACILITY/ FIELD REQUESTED: (PLEASE CHECK)**

____ Jones Field	____ School Street Field	____ 2A/27 Veteran's Field
____ Hart Field	____ MacPherson Field	____ Elm Street Field
____ Concord Road Field	____ NARA Park Softball	____ Great Hill Field
____ Little Great Hill Field	____ NARA Park Soccer	____ NARA picnic area*
____ NARA Park Bathhouse*	____ NARA Park Amphitheater	____ Jones Playground
____ Elm Street Playground	____ Elm Street Tennis Courts	____ 2A/27 Playground
____ Goward Playground	____ Gardner Playground	____ NARA Playground

\_\_\_\_ NARA Swimming (additional charge)

\* The Picnic Area and Bathhouse at NARA are not available for rental during NARA Youth and Mighty Mini Summer Program Hours.

**DATE REQUESTED: (We do not offer rain-dates)**

1<sup>st</sup> Choice \_\_\_\_\_ Time Requested: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ Time Requested: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Will Food/Beverages be Served? \_\_\_\_\_ If Yes, be specific \_\_\_\_\_

Will Alcohol be Served? \* \_\_\_\_\_ Has a permit been obtained by the Board of Selectmen? \_\_\_\_\_

\*A separate application and fees for liquor license is obtained through the Town Manager's Office—please note this application if filed with the Board of Selectmen and is needed at least two weeks prior to your event).

**Equipment Requested:**

\_\_\_\_ picnic tables    \_\_\_\_ number needed

\_\_\_\_ stage electricity  
(concerts only)

CANCELLATION MUST BE MADE AT LEAST 48 BUSINESS HOURS PRIOR TO THE EVENT, OTHERWISE APPLICANT WILL FORFEIT THE ENTIRE SECURITY DEPOSIT AND ANY FEES PAID. VIOLATION OF ANY SPECIAL REQUIREMENTS OF THIS PERMIT WILL RESULT IN A LOSS OF YOUR SECURITY DEPOSIT.

The Lessee or user of the facility/field will hold the Town of Acton and all its agents harmless from any problem resulting from the leasing or utilization of the premises. The Town of Acton reserves the right to cancel any permission, whenever, in its discretion, such cancellation seems advisable.

\_\_\_\_\_  
(Representative's Signature)

\_\_\_\_\_  
(Date)

**Section III  
for office  
use only**

**REQUIRED SERVICES ASSIGNED:**

\_\_\_\_\_ Fire – permit required for all cook-outs (Obtained at the Fire Department-separate fee through FD)

\_\_\_\_\_ Police

\_\_\_\_\_ Health Department Permit (Obtained at the Board of Health-separate fee with BOH)

\_\_\_\_\_ Swimming \_\_\_\_\_ Portable Toilets Required \_\_\_\_\_ Liquor License (*see Section II*)

**ESTIMATED RENTAL FEES:**

Bldg. Rental \$ \_\_\_\_\_ Field Rental \$ \_\_\_\_\_ Swimming Fee \$ \_\_\_\_\_ Electrical Fee\$ \_\_\_\_\_

Security Deposit (required) \$ \_\_\_\_\_

**PERMIT FOR USE OF RECREATION FACILITIES**

( ) **THIS APPLICATION IS APPROVED FOR USE OF FACILITIES AS SCHEDULED.**

( ) **THIS APPLICATION IS DENIED FOR THE FOLLOWING REASONS:**

Permit issued by \_\_\_\_\_  
Recreation Director

\_\_\_\_\_  
Date

Special Instructions: \_\_\_\_\_

Copy to:

\_\_\_\_\_ Grounds (Dave Lee)

\_\_\_\_\_ Police

\_\_\_\_\_ Fire

\_\_\_\_\_ Health Department

\_\_\_\_\_ Town Manager

\_\_\_\_\_ Lifeguards

\_\_\_\_\_ Authorized Rep.

**Office use only:** Application Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_  
Application approved denied on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant contacted on: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: phone email mail  
Second contact on: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: phone email mail  
Payment by: cash check money order Application withdrawn: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_